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SOS

810 N. Silver St

Silver City, NM 88061

575-956-6131

575-956-6947

Medicaid ID: YIF905334444

Dingess, Ryan C

ID: 1000010732493 DOB: 12/13/1984

Use Note Creation Time

Clear Time

Set Date/Time

6/29/2023

6:31 AM

Case Management Note (SOS)

Presenting Problem:

Anxiety is still experienced by Ryan.

Ryan continues to experience mood swings.

Social Support Changes:

No changes in Ryan's family or social support network have occurred.

Recent History: Client is impaired in the functional domain(s) of:

learning

working

Independent living

Client has been with the shelter for approx 8 months

Client has been combative with other client in past

adjustment disorder

Unemployment (chronic)

THERAPEUTIC INTERVENTION: Client was actively listened to as he ventilated about his work. He was encouraged to speak openly with staff. Client had his feelings of frustration normalized. Client was assisted with entry into the laundry room. He was provided new clothing and he was given hygiene products for showering. Limit setting was provided for the client as he was told that he could not enter offices without staff being present.

Assessment: He appeared restless and fidgety, as evidenced by:

Ryan today appeared Ryan appears friendly, doleful, distracted,

Plan: Continue to accommodate client to the best of shelter abilities and continue to prompt client to continue participating in programming plans now being implemented by shelter staff. Continue making client aware of shelter rules and regulations and continue inquiring as to how the clients legal proceedings are developing.

Diagnosis: Adjustment disorder with mixed anxiety and depressed mood, F43.23 (ICD-10) (Active)

History of Risk Factors:

Service Location

Turn

Audit Log

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Capture Signature

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1 of 1

7/12/23, 5:08 AM